

## WAIMATE HIGH SCHOOL/SCD

### TRAVEL CLAIM PAYMENT AND TRAVEL ASSISTANCE PAYMENT FORM

Date 24-26 November 2010

Name \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_

Travelling to Christchurch

Reason for Travel SCD professional Development

\_\_\_\_\_

Distance travelled \_\_\_\_\_ km

Are you receiving any other travel reimbursement?

Yes

☐

No

☐

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Payment \_\_\_\_\_

Paid \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Payments are made at the following rates: cars; annual kms on official business, 0-1600 :**62c per km**, over 1600kms **47c per km**. Motorcycles: 0 to 6400 kms **20c per km**, over 6400 km, **17c per km**.